

EXHIBIT H

ANNUAL STATEMENT OF EMPLOYEE BENEFITS
SUBJECT TO PROVISIONS OF THE VARIOUS BENEFIT PLANS

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AS OF JANUARY 1, 2002

M P RODIO
32 MOUNT STREET
WRENTHAM

MA 02093

R. J. REYNOLDS TOBACCO COMPAN

BORN 08/01/1952
018-42-1854

*** * * GROUP BENEFITS * * * * GROUP BENEFITS * * * * GROUP BENEFITS * * ***

THESE ARE YOUR
GROUP BENEFIT
COVERAGE AS OF
JANUARY 1, 2002

BASIC GROUP LIFE INSURANCE *	97,000
ACCIDENTAL DEATH AND DISMEM. INS. *	97,000
OPTIONAL GROUP LIFE INSURANCE *	97,000
OPTIONAL ACC. DEATH AND DISMEM. INS. *	97,000
LIFE INSURANCE FOR YOUR DEPENDENTS *	ELIG. DEPS. COVERED
BUSINESS TRAVEL ACCIDENT INSURANCE *	241,000
LONG TERM DISABILITY BENEFIT *	2,008.25 MONTHLY MAX
MANAGED CHOICE (POS) PLAN *	EMP + 2 OR MORE DEPS
DENTAL EXPENSE PLAN *	EMP + 2 OR MORE DEPS

*** * * TIME OFF WITH PAY * * TIME OFF WITH PAY * * TIME OFF WITH PAY * * ***

HOLIDAYS OBSERVED IN 2002 *	11 HOLIDAYS
PAID VACATION IN 2002 *	25 DAYS
PLUS CARRIED-OVER VACATION *	64.0 HOURS
DISABILITY SALARY CONTINUATION *	BASED ON YRS SVC

*** * RETIREMENT BENEFITS * RETIREMENT BENEFITS * RETIREMENT BENEFITS * * ***

THE ESTIMATED BENEFIT WHICH YOU HAD EARNED AS OF 01/01/2002 WAS:

AS AN IMMEDIATE LUMP-SUM AMOUNT.....	98,764
OR -	
AS AN IMMEDIATE MONTHLY LIFETIME BENEFIT.....	640 / MO

FOR GRANDFATHERED EMPLOYEES WHO ARE 55 WITH 20 YEARS OF SERVICE, THE MONTHLY BENEFIT SHOWN IS THE GREATER OF THE OLD AND NEW RETIREMENT FORMULAS.

IF YOU CONTINUE TO EARN YOUR CURRENT RATE OF PAY UNTIL AGE 65, YOU COULD BE ELIGIBLE FOR A SOCIAL SECURITY BENEFIT OF APPROXIMATELY 1,553 PER MONTH

YOU ARE FULLY VESTED IN YOUR RETIREMENT BENEFITS.

AS A REMINDER, INFORMATION IN THE GROUP BENEFITS SECTION REPRESENTS COVERAGES IN EFFECT ON 1-1-2002. BENEFIT PLANS OR CHANGES THAT ARE EFFECTIVE AFTER 1-1-2002 ARE NOT SHOWN IN THIS SECTION.